## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number SVL920030(41 US)

| CLAIMS AS FILED - PART I                       |   |   |                                  |                                   |              |                  |          | SMALL ENTITY       |                        |      | OTHER THAN                    |                        |  |
|--|---|---|----------------------------------|-----------------------------------|--------------|------------------|----------|--------------------|------------------------|------|-------------------------------|------------------------|--|
|  |   |   | (Column                          | (Column 1)                        |              | (Column 2)       |          | TYPE               |                        | OR   | OR SMALL ENTITY               |                        |  |
| TOTAL CLAIMS                                   |   |   | 20                               |                                   | ·            |                  |          | RATE               | FEE                    |      | RATE                          | FEE                    |  |
| FOR  |   |   | NUMBER FILED                     |                                   | NUMB         | ER EXTRA         |          | BASIC FEE          | 385.00                 | OR   | BASIC FEE                     | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS                        |   |   | 20 minus 20=                     |                                   | * -          |                  |          | X\$ 9=             |                        | OR   | X\$18=                        |                        |  |
| INDEPENDENT CLAIMS                             |   |   | 3 minus 3 =                      |                                   |              |                  |          | X43=               |                        | OR   | X86=                          |                        |  |
| ML   | JLTIPLE DEPEI   | NDENT CLAIM P                             | RESENT                           |                                   |              |                  | Į        | +145=              |                        | OR   | +290=                         |                        |  |
| * If   | the difference  | e in column 1 is                          | ess than zero, enter "0" in colu |                                   |              | olumn 2          |          | TOTAL              |                        | OR   | TOTAL                         | 770                    |  |
|  | C   |   |                                  |                                   | _            | OTHER            | THAN     |                    |                        |      |                               |                        |  |
| _  | ,   | (Column 1)                                |                                  | (Colun                            |              | (Column 3)       |          | SMALL              | ENTITY                 | OR   | SMALL                         | ENTITY                 |  |
| AMENDMENT A                                    |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                  | HIGHI<br>NUME<br>PREVIO<br>PAID F | BER<br>OUSLY | PRESENT<br>EXTRA |          | RATE               | ADDI-<br>TIONAL<br>FEE |      | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | *   | Minus                            | **                                |              | =                |          | X\$ 9=             |                        | OR   | X\$18=                        |                        |  |
|  | Independent   | * NTATION OF MI                           | Minus                            | ***                               | CLAIM        | -                |          | X43=               |                        | OR   | X86=                          |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                                  |                                   |              |                  |          | +145=              |                        | OR   | +290=                         |                        |  |
|  |   |   |                                  |                                   |              |                  |          | TOTAL<br>DDIT. FEE |                        | OR   | TOTAL<br>ADDIT, FEE           |                        |  |
|  |   |   | ODII. PEE                        |                                   |              | ADDII. FEE       |          |                    |                        |      |                               |                        |  |
| _  |   | (Column 1) CLAIMS                         |                                  | (Colum                            | EST          | (Column 3)       | Г        | 1                  | ADDI-                  | l 1  | 1                             | ADDI-                  |  |
| AMENDMENT B                                    |   | REMAINING<br>AFTER<br>AMENDMENT           |                                  | NUME<br>PREVIO<br>PAID F          | USLY         | PRESENT<br>EXTRA |          | RATE               | TIONAL                 |      | RATE                          | TIONAL                 |  |
|  | Total   | *   | Minus                            | **                                |              | =                |          | X\$ 9=             |                        | OR   | X\$18=                        |                        |  |
| AME  | Independent   | *   | Minus                            | ***                               |              | =                | Γ        | X43=               | ·                      | OR   | X86=                          |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                                  |                                   |              |                  | F        | +145=              |                        | OR   | +290=                         |                        |  |
|  |   |   |                                  |                                   |              |                  |          | TOTAL              |                        | ı ı  | TOTAL                         | <u> </u>               |  |
|  |   | A   | DDIT. FEE L                      |                                   | OR ,         | ADDIT. FEE       | <u> </u> |                    |                        |      |                               |                        |  |
|  |   | (Column 1) CLAIMS                         |                                  | (Colum                            |              | (Column 3)       | _        |                    |                        | _    |                               |                        |  |
| AMENDMENT C                                    |   | REMAINING<br>AFTER<br>AMENDMENT           |                                  | NUMB<br>PREVIO<br>PAID F          | ER<br>USLY   | PRESENT<br>EXTRA |          | RATE               | ADDI-<br>TIONAL<br>FEE |      | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | *   | Minus                            | **                                |              | = .              |          | X\$ 9=             |                        | OR   | X\$18=                        |                        |  |
|  | Independent   | *   | Minus                            | ***                               |              | -                |          | X43=               |                        | OR   | X86=                          |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                                  |                                   |              |                  |          | +145=              |                        | OR   | +290=                         |                        |  |
| *  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." |   |                                  |                                   |              |                  |          |                    |                        | AP L | TOTAL                         |                        |  |
| ***  | f the "Highest Nu   | mber Previously Pa<br>ber Previously Paid | id For IN THIS                   | S SPACE is                        | less than    | 3, enter *3.*    | ~.       | DDIT. FEE <b>L</b> |                        | . ,  | IDDIT. FEE <b>L</b><br>JMN 1. |                        |  |